

## CLAIMS ONLY

Application Number

10/1690,399

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
7						
8						
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45						
46						
47						
48						
49						
50						
Total Indep	1					
Total Depend.	8					
Total Claims	9					

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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58						
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99						
100						
Total Indep						
Total Depend.						
Total Claims						